

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev	ce with Title	20, Chapter 10, Part 1, MC	A. School dis	strict official must complete	one form for e	ach bus route that
		-				Rate Per Mile
Due Dates : All Routes	i		County Supt ober 1	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Sanders		45	Plains	Public Schools		0802 0803
Route #	Length of Ro	oute (miles per day)	Type of	f Service Bus Route N		Rated Capacity
3	83.6		Bus R	□ Non Bus Mile Route Mileage	eage	66
Vehicle I.D. #	Licens	e#	□ District	t Owned	Contractor (
3780	E28			ct - If so, Name of Owner cted rate per mile	Revier Tran	sportation —
Reimbursement Distribution- Ent	er the legal e		ge of state/co		paid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entit	ty
0802		0803				
% 55.00	%	45.00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergarte	en pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b		c .
Regular (include eligible Preschool/Ki	ndergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga						
Nonpublic School Riders (ineligible)	internituers)					
TOTAL RIDERS						
We hereby cartify that this hus will	operate entire	ly on the route established by th	no Board of Tru	ustons and within the transport	ation area assign	and approved by the
We hereby certify that this bus will County Transportation Committee. W We agree to supervision of this bu	e further certif s and bus rout	y that this bus transports pupils e by the State Superintendent;	eligible for sch to make such r	nool transportation as defined be reports to the State Superinten	by 20-10-101, MC dent and County :	A. Superintendent as are
required; to provide a vehicle which m Superintendent; and to provide a licer We also agree to refrain from solic	nsed, qualified iting or causing	and approved driver to operate g others to solicit students from	such vehicle a other transport	as required by 20-10-103, MCA tation areas.		
We understand that violations of the this bus route.	ne laws, rules o	or regulations governing school	transportation	will be sufficient cause for with	holding of state a	nd county reimbursement for
We agree that if this route crosses the school boards of both districts sha					ween Boards, 20-	10-126(2) MCA, signed by
We understand route changes occ accordance with 20-10-132, MCA.	urring during t	he school year require the filing	of an amende	d TR-1 form and approval of th	e County Transpo	ortation Committee in
I certify that this application for rebus operates on the route as app						
Signature - Chair, Board of Trustees				5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date	
This Application for Registration area assigned to it by the County	of School Bu					
Signature - Chair, County Transportat					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance was receives state reimbursement even the					plete one form for e	each bus route that
Due Dates:	g a. 10p	•	ounty Supt			Rate Per Mile
All Routes		Octob		October	15	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Sanders		45	Plains	Public Schools		0802 0803
Route # Len	gth of Route	(miles per day)	Type of		ute Mileage	Rated Capacity
1 53			Bus R	☐ Non Bus oute Mileage	s ivilleage	66
Vehicle I.D. # License #			□ District	Owned	Contractor	
0745	D135			ct - If so, Name of Ow cted rate per mile	ner Revier Trar	nsportation ——
Reimbursement Distribution- Enter th	ne legal entity		of state/coutch budget!		be paid to each di	strict. Note: Percentages
Legal Entity 0802	Legal Entit	y 803	Legal Er	ntity	Legal Enti	ity
0002						
% 55.00	% 45	5.00	%		%	
PASSENGER INFORMATION	T	ELEMENTARY RIDER	26	HIGH SCHO	OI DIDEDS	TOTAL
Number of Preschool/Kindergarten priding this route	upils	(Grades PK-8)	7.5	(Grades		ELIGIBLE RIDERS
		a NUMBER		b NUM		c a+b
Regular (include eligible Preschool/Kinder	garten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service	се					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement)	3					
(Include ineligible Preschool/Kindergarten Nonpublic School Riders (ineligible)	riders)					
TOTAL RIDERS						
We hereby certify that this bus will oper County Transportation Committee. We fur We agree to supervision of this bus and required; to provide a vehicle which meets Superintendent; and to provide a licensed. We also agree to refrain from soliciting We understand that violations of the law this bus route. We agree that if this route crosses distrement the school boards of both districts shall be We understand route changes occurring accordance with 20-10-132, MCA.	rther certify that d bus route by the minimum, qualified and or causing oth ws, rules or regrict lines and tract attached to the g during the so	It this bus transports pupils el the State Superintendent; to it standards as established by tapproved driver to operate su ers to solicit students from ott gulations governing school tra ansports students from outside e county superintendent's cop school year require the filing of	igible for sch make such re he Board of ich vehicle as her transport insportation value the district by of this doc an amended	ool transportation as defi eports to the State Super Public Education, the Mo s required by 20-10-103, ation areas. will be sufficient cause for , a copy of the agreemen sument. I TR-1 form and approval	ned by 20-10-101, MC intendent and County intana Highway Patrol MCA. r withholding of state and between Boards, 20-1 of the County Transp	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by contation Committee in
I certify that this application for regist bus operates on the route as approve						
Signature - Chair, Board of Trustees					Date	
County Trans This Application for Registration of Source assigned to it by the County Tra		ommittee Approval as re				
			ias been re	viewed and i certify th	iat this bus operates	s within the transportation



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates: All Routes County Name County Name County Number District Name Sanders All County Name County Number District Name Sanders All County Name County Number District Name Sanders All County Number District Name Sanders All County Number District Name Legal Entity County Number District Name	This form is required in accorda receives state reimbursement e								ne form for e	ach bus route that
Sanders						ounty Sup	t To C	OPI		
Route # Length of Route (miles per day) Type of Service Dus Route Mileage Rated Capacity Type of Service Dus Route Mileage Rated Capacity Type of Service Dus Route Mileage Rated Capacity Type of Service Dus Route Mileage Type of Service Dus Route Mileage Type of Service Type of Servi	County Name			County Nun	nber	District	Name			Legal Entity Number
Vehicle I.D. # License # District Owned Contractor Owned	Sanders									
Art.8 Bus Route Mileage 72	Route #	Leng	th of Ro	oute (miles per da	y)	Type of			•	Rated Capacity
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0802 Legal Entity 0803 My 45:00 My 65:00 Reschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) NUMBER NUMBER Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) NUMBER Regular (include eligible Preschool/Kindergarten pupils Regular (include eligible Regular pupils Regular (include eligible Regular pupils) Regular (includ						toute Mileage				
Legal Entity 0802 Legal Entity 0803 My 55.00 My 45.00 My 55.00 My 45.00 My 55.00 My 45.00 My 55.00 My 55.00 My 65.00 My 66.00 My				e #		□ Contra	ct - If so, Name o	f Owner R		
Legal Entity 0802 We 55.00 We 45.00 Setting The Freschool/Kindergarten pupils (Grades PK-8) Number of Preschool/Kindergarten pupils (Grades PK-8) Non-WC IEP Lisis Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Preschool/Kindergarten riders) Non-WC IEP Lisis Trans as Related Service TOTAL ELIGIBLE RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent as are required to provide a vehicle which meets the minimum standards are actabilished by the Board of Public Ecutation, in Modardara Highway Patrol and the State Occurrence of the leaver, tales or regulations governing school transportation areas. We understand that violetions of the leaver, tales or regulations governing school transportation will be sufficient cause for whitholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from other transportation Committee and	Reimbursement Distribution- En	nter the	e legal e	ntity number and				ent to be pa	id to each dis	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Pupil	,		Legal E		must ma				Legal Entit	ty
Number of Preschool/Kindergarten pupils Indig this route Regular (include eligible Preschool/Kindergarten inders)	% 55.00		%	45.00		%			%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS diding this route a b C A + b Regular (include eligible Preschool/Kindergarten inders) Its Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Non-public School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent in the State service of the State State of the State State of the State Stat	PASSENGER INFORMATION				FADV DIDE		Lucus	OLIOOL DID		TOTAL
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	This Application for Registration	of Sch	hool Bus	s and State Reimb						
									Date	-



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ex							nplete one	form for e	ach bus route that
Due Dates					inty Sup				Rate Per Mile
All Routes			0	ctobe	r 1	October	15		\$0.95
County Name			County Number		District	Name			Legal Entity Number
Sanders			45			Public Schools			0802 0803
Route #	Lengt	in of Rou	ıte (miles per day)		Type of	Service □ Bus Ro □ Non Bu		_	Rated Capacity
2A-1 45.6 License #			#			toute Mileage	0	-44	48
9069		D136	11			: Owned ct - If so, Name of Ov cted rate per mile		ntractor (vier Tran	
Reimbursement Distribution- En	iter the	legal en			f state/co		to be paid	to each dis	strict. Note: Percentages
Legal Entity		Legal Eı	ntity	tillate	Legal E			Legal Entit	у
0802 0803									
% 55.00		%	45.00		%			%	
PASSENGER INFORMATION ELEMENT				IDED	3	HIGH SCHO	OI BIDE	DS	TOTAL
Number of Preschool/Kindergard riding this route	(Grades PK-		3		es 9-12)	No	ELIGIBLE RIDERS		
			a NUMBER				b NUMBER		c a+b
Regular (include eligible Preschool/K	Kinderga	irten	NOMBER			NON	IDLIX		a + 5
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	!							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg	arten rid	ders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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County T	[ransn/	ortation	Committee Approval a	as rec	uired in	accordance with Se	ction 20-	10-132 MC	<u>.</u>
This Application for Registration area assigned to it by the Count	of Sch ty Trans	iool Bus sportatio	and State Reimburseme				hat this bu	us operates	
Signature - Chair, County Transporta	ation Co	mmittee						ate	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Date: Due Date: To County Number	This form is required in accorda							one form for e	ach bus route that
County Name Legal Entity Number At 3.6 Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Nilleage Rated Capacity Type of Service Contract-I so. Name of Owner Contractor Owned Contractor Owned Contractor I so. Name of Owner Contractor I so. Name of Owner Revier Transportation Contractor United on Development of Service Legal Entity 0802 Legal Entity 0802 Legal Entity 0803 Legal Entity 0803 Fassencer Information ELEMENTARY RIDERS (Grades 94-12) Legal Entity 0803 Fassencer Information Revier Transportation Revier Transportation Fassencer Information Revier Transportation Revier Transportation Contractor I so. Name of Owner Revier Transportation Contractor Owner Contractor I so. Name of Owner Revier Transportation Contractor I so. Name of Owner Revier Transportation Committee Legal Entity Legal Enti			ansp	•					Rate Per Mile
Sanders Route # Length of Route (miles per day) A 4 3.6 Length of Route (miles per day) Type of Service						τ			\$1.36
Route # Length of Route (miles per day) Type of Service Dun Route (miles gap Rated Capacity Solution Dun Route (miles gap Route Mileage Rout	County Name			County Number	District	Name			Legal Entity Number
Route # Length of Route (miles per day) Type of Service Dun Route (miles gap Rated Capacity Solution Dun Route (miles gap Route Mileage Rout	Sanders			45	Plains	s Public S	Schools		0802 0803
4 43.6 Bus Route Mileage 60		Length of F	Route			f Service	□ Bus Route Mil		
Vehicle I.D. # License # Contract - if so, Name of Owner Revier Transportation Contract - if so, Name of Owner Revier Transportation Contracted rate per mile Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0803	4	43.6			Rus F			age	60
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity		<u> </u>	se#					Contractor (
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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	I certify that this application for								
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.			. W WILL	are a anoportation se	. 7100 0100 6	giiou by	and County Hall		
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
	This Application for Registration	n of School B	us and	d State Reimbursement					
								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20 receives state reimbursement even though trans				one form for ea	ach bus route that
-					Rate Per Mile
Due Dates: All Routes	Octob	ounty Supt per 1	To OPI October 15		\$0.95
County Name	County Number	District	Name		Legal Entity Number
Sanders	45	Plains	Public Schools		0802 0803
	te (miles per day)		Service Bus Route Mi		Rated Capacity
2A 39.6		Bus R	□ Non Bus Mile oute Mileage	age	48
Vehicle I.D. # License #	#	□ District	•	Contractor C	Owned
9069 D136			ct - If so, Name of Owner I cted rate per mile	Revier Tran	sportation —
Reimbursement Distribution- Enter the legal ent		of state/co		aid to each dis	trict. Note: Percentages
Legal Entity Legal En	itity	Legal E		Legal Entit	у
0802	0803				
% 55.00 % 4	45.00	%		%	
PASSENGER INFORMATION					
Number of Preschool/Kindergarten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	(0.00002)		(0.0.000 0	,	
	a		b		С
Regular (include eligible Preschool/Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance					
agreement) (Include ineligible Preschool/Kindergarten riders)					
Nonpublic School Riders (ineligible)					
TOTAL RIDERS					
We hereby certify that this bus will operate entirely	on the route established by the	Board of Tru	istees and within the transporta	tion area assigne	ed and approved by the
County Transportation Committee. We further certify t We agree to supervision of this bus and bus route by	by the State Superintendent; to	make such r	eports to the State Superintende	ent and County S	Superintendent as are
required; to provide a vehicle which meets the minimum Superintendent; and to provide a licensed, qualified an				Highway Patrol a	and the State
We also agree to refrain from soliciting or causing of We understand that violations of the laws, rules or r				olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosses district lines and	transports students from outside	de the district	t, a copy of the agreement betw	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shall be attached to We understand route changes occurring during the accordance with 20-10-132, MCA.	the county superintendent's co	py of this doo	cument.		
I certify that this application for registration of so bus operates on the route as approved by and v					
Signature - Chair, Board of Trustees	are dansportation ser	noc area a	congrice by the country Hall	Date	minute.
County Transportation This Application for Registration of School Bus a area assigned to it by the County Transportation	and State Reimbursement h		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transportation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev		,			•			
Due Dates All Routes	:			County Sup ober 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	Distric	Name		Legal Entity Number	
Sanders			45		pson Falls Pub Schls		0804 0805	
Route #	Length o	f Route	(miles per day)	Type o	of Service □ Bus Route Mi □ Non Bus Mile	3 -	Rated Capacity	
7	59			Bus F	Route Mileage	· ·	72	
Vehicle I.D. #	Lice	ense #		□ Distric		Contractor C		
0257 E112				□ Contra	act - If so, Name of Owner lacted rate per mile	1		
Reimbursement Distribution- Ent	er the leg	al entity		e of state/c		aid to each dis	trict. Note: Percentages	
Legal Entity 0804	Leç	gal Entity 08		Legal I		Legal Entity	у	
% 65.00		% 35.	00	%		%		
PASSENGER INFORMATION		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			а		р		C	
Regular (include eligible Preschool/Ki	indergarter	า	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince	3)						
Nonpublic School Riders (ineligible)		,						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date								
County To	ransnorts	ation Co	mmittee Annroval as	required in	accordance with Section	20-10-132 MC	Δ	
This Application for Registration area assigned to it by the County	of School / Transpo	l Bus and ortation C	d State Reimbursement			s bus operates		
Signature - Chair, County Transportation	tion Comm	ittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes	:			ounty Sup	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Sanders			45		pson Falls Pub Schls		0804 0805	
Route # Length of Route (miles per day)			niles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity	
2 56 License #				Bus R	toute Mileage	_	71	
Vehicle I.D. #			☐ District☐ Contra	: Owned ct - If so, Name of Owner	Contractor C			
6625	E102			□ Contra	cted rate per mile			
Reimbursement Distribution- Ent	ter the legal	entity n		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0804	Legal	Entity 080		Legal E		Legal Entit	У	
% 65.00	%	35.0	0	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarteriding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		C	
Regular (include eligible Preschool/K riders)	indergarten		NUMBER		NOWBER		a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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County T	ransportatio	on Com	nmittee Approval as	required in	accordance with Section	20-10-132 MC	:A.	
This Application for Registration area assigned to it by the County	of School Bu y Transporta	us and tion Co	State Reimbursement			s bus operates		
Signature - Chair, County Transporta	tion Committe	е				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e						one form for ea	ach bus route that
	•	ппанърс	•				Rate Per Mile
Due Date All Routes			To Co Octob	ounty Supt per 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number	
Sanders			45	Thom	pson Falls Pub Schls		0804 0805
Route # Length of Route (miles per day)					Service Bus Route M		Rated Capacity
5	84			Bus R	□ Non Bus Mile Soute Mileage	age	72
Vehicle I.D. #		ense #			<u> </u>	Contractor C	
2435	E1	13			ct - If so, Name of Owner cted rate per mile	Mosher Trar	nsportation —
Reimbursement Distribution- En	nter the leg	al entity				aid to each dis	trict. Note: Percentages
Legal Entity	Lec	gal Entity		tch budget Legal E		Legal Entit	v
0804			, 805		····· ,		
% 65.00		% 35.	.00	%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HIGH SCHOOL R	IDERS	TOTAL
Number of Preschool/Kindergal riding this route	rten pupils		(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS
riding this route							
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/ riders)	Kindergarter	1					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible))					
TOTAL RIDERS							
We hereby certify that this bus w County Transportation Committee.							
We agree to supervision of this be required; to provide a vehicle which							
Superintendent; and to provide a lic We also agree to refrain from so	′ •				. , ,	,	
We understand that violations of this bus route.						olding of state ar	nd county reimbursement for
We agree that if this route crosse						een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts s We understand route changes of						County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for	registration	of scho	ool bus and state reimbur	sement is t	rue and complete to the bes	st of my knowle	edge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees	proved by						
Gigilature - Oriall, boald of Trustees	•					Date	
					accordance with Section		
This Application for Registration area assigned to it by the Coun				ias been re	eviewed and i certify that this	s pus operates	within the transportation
Signature - Chair, County Transport	ation Comm	ittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with receives state reimbursement even though					ete one form for e	each bus route that
	gii transpo	•				Rate Per Mile
Due Dates: All Routes		Octob	ounty Supt per 1	t To OPI October 15	5	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Sanders		45	Thom	pson Falls Pub Sch	ıls	0804 0805
	of Route (miles per day)		f Service □ Bus Route	e Mileage	Rated Capacity
3 77			Bus R	□ Non Bus I Route Mileage	villeage	65
Vehicle I.D. #	cense #		□ District	Owned	Contractor	
9582 E	101			ct - If so, Name of Owne cted rate per mile	er Mosher Tra	ansportation
Reimbursement Distribution- Enter the le	gal entity r		of state/co		e paid to each di	istrict. Note: Percentages
	egal Entity		Legal E		Legal Ent	ity
0804	08	05				
% 65.00	% 35.0	00	%		%	
PASSENGER INFORMATION						_
Number of Preschool/Kindergarten pupils	5	ELEMENTARY RIDEI (Grades PK-8)	RS	HIGH SCHOO		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		а		b		С
Regular (include eligible Preschool/Kindergarte	en	NUMBER		NUMBE	<u> </u>	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3						
miles OR nonresident and no attendance agreement)	,					
(Include ineligible Preschool/Kindergarten rider Nonpublic School Riders (ineligible)	rs)					
TOTAL RIDERS						
We hereby certify that this bus will operate of County Transportation Committee. We further We agree to supervision of this bus and bus required; to provide a vehicle which meets the Superintendent; and to provide a licensed, qual We also agree to refrain from soliciting or certified.	certify that it s route by th minimum st alified and ap	this bus transports pupils el le State Superintendent; to andards as established by t oproved driver to operate su	igible for sch make such r the Board of uch vehicle a	nool transportation as define eports to the State Superint Public Education, the Mont is required by 20-10-103, M	ed by 20-10-101, Mo cendent and County ana Highway Patrol	CA. Superintendent as are
We understand that violations of the laws, ruthis bus route.					vithholding of state a	and county reimbursement for
We agree that if this route crosses district lir the school boards of both districts shall be attached					oetween Boards, 20	1-10-126(2) MCA, signed by
We understand route changes occurring duraccordance with 20-10-132, MCA.					f the County Transp	portation Committee in
I certify that this application for registration						
bus operates on the route as approved by Signature - Chair, Board of Trustees	y and with	in the transportation ser	vice area a	issigned by the County I	Date Date	minillee.
County Transpor This Application for Registration of Schoo area assigned to it by the County Transpor	ol Bus and	State Reimbursement h		accordance with Secti eviewed and I certify that		
Signature - Chair, County Transportation Comm					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Replaced First Provided First Pro	This form is required in accorda	nce with	n Title 20,	Chapter 10, Part 1, MCA	. School di	strict official must complete	one form for e	ach bus route that
County Name County Name County Number County Num			agii tianop					Rate Per Mile
Sanders 45 Thompson Falls Pub Schis 0804 0805 Route Mileage 2 No No Bus Mileage 2 No								\$1.57
Reinbursement Distribution: Enter the legal entity number and percentage of state/county reinbursement to be paid to each district. Note: Percentages must match budget! Reinbursement Distribution: Enter the legal entity number and percentage of state/county reinbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0804 Legal Entity 0805 Legal Entity 0805 Medical Ent	County Name			County Number	District	Name		Legal Entity Number
A	Sanders			45	Thom	pson Falls Pub Schls		0804 0805
Activation District Owned Contract of Ow	Route #	Length	n of Route	(miles per day)		f Service Bus Route N	/lileage	Rated Capacity
Vehicle ID. # License # District Owned Contract Or Owned	4	86			Bus R		eage	72
Reimbursement Distribution-Einter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0804 % 65.00 % 35.00 % % % PASSENGER INFORMATION Number of Preschoot/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-8) (EliGIBLE RIDERS riding this route NUMBER NUMBER NUMBER NUMBER A + b NUMBER A	Vehicle I.D. #	L	icense #		□ District	t Owned		
Legal Entity 0804 Legal Entity 0805 Legal Entity 0806 Separation of Preschool/Kindergarten pupils (Grades PK-8) ELEMENTARY RIDERS (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten 1	2772	E	≣114				Revier Trar	nsportation
Legal Entity 0804 Legal Entity 0805 So 500 So 500 Month School Riders (Include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) NUMBER NUMBER NUMBER NUMBER Regular (include eligible Preschool/Kindergarten pupils (PK-8) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Regular (include include PK-8) Regular (include include PK-8) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS NUMBER NUMBER	Reimbursement Distribution- Er	nter the I	egal entity				paid to each di	strict. Note: Percentages
PASSENGER INFORMATION Unmber of Preschool/Kindergarten pupils (Grades PK-8) Unmber of Preschool/Kindergarten pupils (Grades PK-8) ELEMENTARY RIDERS (Grades 9-12) BLEMENTARY RIDERS (Grades 9-12) Unmber of Preschool/Kindergarten pupils (Grades PK-8) Unmber of Preschool/Kindergarten		L		ty			Legal Enti	ty
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS inding this route a NUMBER NUMBER CONTROL AND A STATE OF THE PROPER STATE OF THE PRO	0804		C	0805				
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS inding this route a NUMBER NUMBER CONTROL AND A STATE OF THE PROPER STATE OF THE PRO	% 65.00		% 35	5.00	%		%	
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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	I certify that this application for							
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.			by allu Wi	um the transportation se	i vice area a	issigned by the County 118		mmillee.
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
	This Application for Registration	of Scho	ool Bus ar	nd State Reimbursement				
	·	•					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20	. Chapter 10. Part 1. MCA	A. School di	strict official must com	olete one form for e	ach bus route that
receives state reimbursement e						Rate Per Mile
Due Dates All Routes			County Sup	t To OPI October 1	15	
All Roules	1	Octi	ober i	October	10	\$1.80
County Name		County Number	District	Name		Legal Entity Number
Sanders		45		pson Falls Pub Sc		0804 0805
Route #	Length of Rout	e (miles per day)	Type of	f Service □ Bus Rou □ Non Bus		Rated Capacity
6	92		Bus R	Route Mileage	<u> </u>	84
Vehicle I.D. #	License #			Owned	Contractor (
0576	E108			ct - If so, Name of Owr cted rate per mile	ier iviosiiei iia	
Reimbursement Distribution- En	nter the legal enti				be paid to each dis	strict. Note: Percentages
Legal Entity	Legal En	tity	natch budget Legal E		Legal Enti	ty
0804		0805				
% 65.00	% 3	35.00	%		%	
PASSENGER INFORMATION	,,					
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,			ŕ	
		a NUMBER		b NUME		c a+b
Regular (include eligible Preschool/h	Kindergarten	NOWBER		NOIVIE	DEK	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)					
TOTAL RIDERS						
We hereby certify that this bus wi	ill aparata antiroly o	on the route established by th	o Poord of Tr	ustons and within the trans	anartation area assign	and and approved by the
County Transportation Committee. We agree to supervision of this b	We further certify the	nat this bus transports pupils	eligible for sch	nool transportation as defir	ned by 20-10-101, MC	A.
required; to provide a vehicle which Superintendent; and to provide a lice	meets the minimur	n standards as established by	y the Board of	Public Education, the Mor	ntana Highway Patrol	
We also agree to refrain from soli We understand that violations of	iciting or causing o	thers to solicit students from o	other transpor	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosse			·		· ·	,
the school boards of both districts sh We understand route changes on	nall be attached to	the county superintendent's c	opy of this do	cument.		
accordance with 20-10-132, MCA. I certify that this application for r						
bus operates on the route as ap	proved by and w				Transportation Co	
Signature - Chair, Board of Trustees	3				Date	
		Committee Approval as				
This Application for Registration area assigned to it by the Count			has been re	eviewed and I certify the	at this bus operates	s within the transportation
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20.	Chapter 10. Part 1. MCA	A. School di	strict official must c	omplete one form for	each bus route that
receives state reimbursement e						Rate Per Mile
Due Date			County Sup			
All Routes	·	Octo	ober 1	Octob	DEI 10	\$1.80
County Name		County Number	District	Name		Legal Entity Number
Sanders		45	Thom	pson Falls Pub	Schls	0804 0805
Route #	(miles per day)	Type of	Service Bus	Route Mileage Bus Mileage	Rated Capacity	
1		Bus R	oute Mileage	bus ivilleage	84	
Vehicle I.D. # License #			□ District		Contractor	
4177	E110			ct - If so, Name of (cted rate per mile _	Owner Mosher Tra	ansportation
Reimbursement Distribution- Er	nter the legal entity				nt to be paid to each d	listrict. Note: Percentages
Legal Entity	Legal Enti		natch budget Legal E		Legal En	tity
0804		0805		-		
0/ 65.00	0/ 0/	5.00	0/		0/	
% 65.00 PASSENGER INFORMATION	% 35	5.00	%		%	
	ton punils	ELEMENTARY RIDI (Grades PK-8)	ERS		HOOL RIDERS des 9-12)	TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-6)		(Gla	des 9-12)	ELIGIBLE RIDERS
		a			b	С
Regular (include eligible Preschool/I	Kindergarten	NUMBER		N	JMBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
	Candaa					
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinderg	garten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w						
County Transportation Committee. We agree to supervision of this b	us and bus route by	the State Superintendent; to	o make such r	eports to the State Su	perintendent and County	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice						I and the State
We also agree to refrain from sol We understand that violations of	iciting or causing oth	ners to solicit students from	other transpor	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosse	,		•		<u> </u>	•
the school boards of both districts sl We understand route changes of	nall be attached to th	e county superintendent's c	copy of this do	cument.	,	() , , ,
accordance with 20-10-132, MCA. I certify that this application for		,				•
bus operates on the route as ap	proved by and wi				unty Transportation Co	
Signature - Chair, Board of Trustees	3				Date	
County ⁻	Fransportation C	ommittee Approval as	required in	accordance with	 Section 20-10-132, M	ICA.
This Application for Registration area assigned to it by the Coun	of School Bus ar	nd State Reimbursement				
Signature - Chair, County Transport					Date	
					ĺ	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for ea	ach bus route that		
Due Dates: All Routes			ounty Supt	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Sanders		45	Trout	Creek Elementary		0807		
Route # Length of Route (miles per day)			Type of	Service Bus Route Mi	•	Rated Capacity		
3 6	2.4		Bus R	□ Non Bus Mile coute Mileage	age	72		
Vehicle I.D. #	License #		□ District		Contractor C			
9087	E109			ct - If so, Name of Owner 【 cted rate per mile	Mosher Trai	nsportation —		
Reimbursement Distribution- Enter	the legal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages		
Legal Entity 0807	Legal Enti		Legal E		Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kind	lergarten	NOWBER		NUMBER		a + D		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Ser	rvice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendanc agreement) (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	e							
TOTAL RIDERS								
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This Application for Registration of	School Bus ar	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County T Signature - Chair, County Transportation		Committee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

copy School Distr

This form is required in accorda receives state reimbursement evaluations.								
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Sanders		45		Creek Elementary		0807		
Route #	Length of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
2 60.4 License #			1 '	oute Mileage		60		
5680	License #			Owned Ct - If so, Name of Owner cted rate per mile	Contractor C	Owned		
Reimbursement Distribution- En	ter the legal entit		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0807	Legal Enti		Legal E		Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION	70		70		70			
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/kiriders)	Kindergarten	NOMBER		NOMBER		u · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap	0			•	,	· ·		
Signature - Chair, Board of Trustees		ami aro a arroportadori se	o. vice area a	congride by the county Trans	Date			
County T This Application for Registration area assigned to it by the Count	of School Bus ar	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Paste Per Mile Due Dates: To County Number County Name County Name County Number All Routes County Number County Number All Routes County Number All Routes County Number All Routes County Number As Trout Creek Elementary Deport Number As Trout Creek Elementary Deport Number Bus Route Mileage Recomption Number Assertion Contractor Owned Contractor Owned God Capacty Bus Route Mileage Recomption Contracted is o, Name of Owner Mosher Transportation Contracted rise, Name of Owner Mosher Transportation St. Contracted rise, Name of Owner Mosher Transportation Contracted rise, Name of Owner Mosher Transportation St. Contracted rise, Name of Owner Mosher Transportation Contracted rise, Name of Owner Mosher Transportat	This form is required in accorda	ance with Title 20, (Chapter 10, Part 1, MCA	A. School dis	strict official n	nust complete o	one form for ea	ach bus route that
County Name County Number County Number County Number County Number County Number County Number Associated a County Number Associated Associated a County Number Associated Ass	receives state reimbursement e	even though transp	ortees of another legal e	entity may ut	ilize the servi	ces.		
Sanders 45 Trout Creek Elementary 0807 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity 66 Bus Route Mileage Rou								\$1.36
Sanders 45 Trout Creek Elementary D807 Route	County Name		County Number	District	District Name			Legal Entity Number
Reute # Length of Route (miles per day) Bus Route Mileage Bus Route Mileage Bus Route Mileage Change Mileage Bus Route M				Trout	Creek Fler	mentary		
Bus Route Mileage 66					Service \square	Bus Route Mil		
Vehicle I.D. # License # District Owned Contractor Owned Contractor Owned Contractor of the paid to each district. Note: Percentages must marker budget Legal Entity Legal Ent	2B		Bus R			age	66	
Reimbursement Distribution-Einter the legal entity number and percentage of state-focunty reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity			1			Contractor C	Owned	
Legal Entity 0807 Legal Entity	2970	e104					Nosher Tra	nsportation —
Legal Entity My My My My My My My My My	Reimbursement Distribution- Er	nter the legal entity				sement to be pa	aid to each dis	strict. Note: Percentages
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	This Application for Registration	n of School Bus and	d State Reimbursement					
			Johnninger.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.								
Due Dates All Routes				County Sup ober 1		OPI ctober 15		Rate Per Mile \$0.95
County Name			County Number	District Name				Legal Entity Number
Sanders			45		Trout Creek Elementary			0807
Route #	Length o	f Route ((miles per day)	Type o	Type of Service □ Bus Route Mileage □ Non Bus Mileage			Rated Capacity
1	51.4			Bus F	Route Mileage	е		48
Vehicle I.D. #	Lice E1	ense # 07			act - If so, Name	of Owner N	ontractor (losher Trai	
Reimbursement Distribution- Enter the legal entity number an				e of state/c			id to each dis	etrict. Note: Percentages
Legal Entity 0807	Leç	gal Entity		Legal I			Legal Entit	у
% 100.00 %				%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS		SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a		b			c .
Regular (include eligible Preschool/k	Kindergarter	า	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders	5)						
TOTAL RIDERS								
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bus operates on the route as ap	proved by						portation Cor	
Signature - Chair, Board of Trustees Date								
County T This Application for Registration area assigned to it by the Count	of School	Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev					olete one form for e	ach bus route that
						Rate Per Mile
Due Dates All Routes	:		ounty Supt ber 1	To OPI October	15	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Sanders		45	Parad	ise Elementary		0808
Route #	Length of Rout	e (miles per day)		Service Bus Rou		Rated Capacity
1	111.4		Bus R	□ Non Bus oute Mileage	s Mileage	65
Vehicle I.D. #	License #		□ District		Contractor (Owned
3630	35TE			ct - If so, Name of Owr	ner Lisa K Fren	ch
Reimbursement Distribution- Ent	ter the legal enti		of state/co		be paid to each dis	strict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Entit	ty
0808						
9/ 100.00	%		%		%	
% 100.00 PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kindergart	on nunile	ELEMENTARY RIDE	RS	HIGH SCHOO		TOTAL ELIGIBLE RIDERS
riding this route	en pupils	(Grades PK-8)		(Grades	5 9-12)	ELIGIBLE RIDERS
		a		b		С
Regular (include eligible Preschool/K	indergerten	NUMBER		NUME		a + b
riders)	indergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u						
agreement) (Include ineligible Preschool/Kinderga						
Nonpublic School Riders (ineligible)	arten nacio)					
TOTAL RIDERS						
We have her and the state in her will			Deard of Tru			
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which n	Ve further certify thus and bus route b	nat this bus transports pupils e y the State Superintendent; to	ligible for sch make such re	ool transportation as define ports to the State Superi	ned by 20-10-101, MC intendent and County	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from solic We understand that violations of the	nsed, qualified and citing or causing or	d approved driver to operate shers to solicit students from o	uch vehicle as ther transport	s required by 20-10-103, ation areas.	MCA.	
this bus route. We agree that if this route crosses					_	-
the school boards of both districts sha We understand route changes occ accordance with 20-10-132, MCA.	all be attached to	he county superintendent's co	py of this doo	cument.		
I certify that this application for rebus operates on the route as app						
Signature - Chair, Board of Trustees	wy wild w			g = ~ y a county	Date	
		-				
County To This Application for Registration area assigned to it by the County	of School Bus a					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Date: To County Number October 1 To OP1 October 15	This form is required in accorda	nce with Title	20, Chapter 10, Part 1,	MCA. School	district official	must complete one	form for ea	ich bus route that
County Name County Name County Number County Num		_					F	Rate Per Mile
Sanders 45 Dixon Elementary 0809 Rated Capacity 1					pt		Ş	\$1.36
Rated Capacity 87.4 Bus Route Mileage Bus Route Mileage Bus Route Mileage Contractor Owned Marianne Johnson Legal Entity Contractor owned Contractor Con	County Name		County Number	Distric	District Name			Legal Entity Number
Reinbursement Distribution: Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget entity about the legal entity and the budget in the legal entity and the	Sanders		45	Dixo	n Elementa	ary		0809
13 Bus Route Mileage 66		Length of R	oute (miles per day)		of Service	□ Bus Route Mileag	е	Rated Capacity
Vehicle I.D. # Contract Owned Cont	1a	87.4		Bus		•		66
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity L	Vehicle I.D. #	Licens	e #	□ Distri	ct Owned	Con		
Legal Entity 0809 % 100.00 % 100.00 % 9% % 9% % PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Indig this route a b C C Number of Preschool/Kindergarten pupils (Grades PK-8) Indig this route a b NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER A + D Regular (include eligible Preschool/Kindergarten (KC) Additional Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement) Agreement (Include eligible Preschool/Kindergarten ders) TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement) Agreement (Include language) We have been been been been been been been be	9375	A499	1				ianne Jo	hnson —
Legal Entity 0809 % 100.00 % 9% % 100.00 % 9% % 100.00 Number of Preschool/Kindergarten pupils (Grades Pk-8) Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten pupils (Grades Pk-8) NUMBER Regular (include eligible Preschool/Kindergarten number of Preschool/	Reimbursement Distribution- Er	iter the legal				irsement to be paid to	o each dist	trict. Note: Percentages
## 100.00		Legal				L	egal Entity	1
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Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS and NUMBER NUMBER Description of the state of the s				_		_		
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	This Application for Registration	of School Bu	is and State Reimburser					
						Da	ite	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even								
Due Dates : All Routes	:		o County S October 1	Supt	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	Dis	District Name			Legal Entity Number	
Sanders		45			Elementary		0809	
Route #	Length of Ro	ute (miles per day)	Тур	pe of	Service Bus Route Mil Non Bus Milea	-	Rated Capacity	
1c	66.6		Bu	us Ro	oute Mileage		66	
Vehicle I.D. #	License	:#			Owned C t - If so, Name of Owner N	Contractor C		
9375	A499				ted rate per mile		——————————————————————————————————————	
Reimbursement Distribution- Ent	er the legal er		tage of stat		inty reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0809	Legal E			gal En	tity	Legal Entity	у	
% 100.00			%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY R (Grades PK-			HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
	a NUMBER			b NUMBER		c a + b		
Regular (include eligible Preschool/Ki riders)	indergarten	NOWIBER			NOWIDEN		a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince							
Nonpublic School Riders (ineligible)	arteri riders)							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees	noved by and	within the transportation	i service ar	rea as	signed by the County Trans	Date Date	iiiiiiiiiiee.	
_							_	
This Application for Registration area assigned to it by the County	of School Bus / Transportation	s and State Reimburseme on Committee.			ccordance with Section 2 viewed and I certify that this	bus operates		
Signature - Chair, County Transportat	tion Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for ea	ach bus route that		
Due Dates: All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Sanders		45	Dixon	Elementary		0809		
Route # Le	ngth of Route	(miles per day)		Service Bus Route Mi		Rated Capacity		
1b 74	1.2		Bus R	□ Non Bus Mile coute Mileage	age	66		
Vehicle I.D. #	License #		□ District	Owned (Contractor C			
9375	A499			ct - If so, Name of Owner 【 cted rate per mile	Marianne Jo	ohnson —		
Reimbursement Distribution- Enter t	the legal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages		
Legal Entity 0809	Legal Entit		Legal E		Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION	/0		/0		70			
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
	а		b		С			
Regular (include eligible Preschool/Kinde	ergarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Serv	vice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarter Nonpublic School Riders (ineligible)	:							
TOTAL RIDERS								
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This Application for Registration of S	School Bus an	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County Tr Signature - Chair, County Transportation		Committee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.								
Due Dates All Routes			County Suproblem 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Sanders		45	Dixon	Elementary		0809		
Route #	Length of Rou	ite (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity		
1d	41.4		Bus R	oute Mileage	•	66		
Vehicle I.D. #	License	#	□ District		Contractor C			
9375	A499			ct - If so, Name of Owner 【 cted rate per mile	wananne JC			
Reimbursement Distribution- En	iter the legal en		ge of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity 0809	Legal Er		Legal E		Legal Entity	У		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		а		b		C		
Regular (include eligible Preschool/k	Kindergarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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Signature - Chair, County Transporta	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordance	e with Title	20. C	Chapter 10, Part 1, MCA	. School	listrict officia	al must complete	one form for e	ach bus route that
				ortees of another legal e					Rate Per Mile
	Due Dates: All Routes				ounty Su ober 1	ot	To OPI October 15		\$1.57
County Name				County Number	Distric	t Name			Legal Entity Number
Sanders				45	Nox	n Public	Schools		0811 0812
Route #	l	Length of R	Route (miles per day)	Туре	of Service	☐ Bus Route Mi	•	Rated Capacity
2	8	81.8			Bus	Route Mil	□ Non Bus Mile leage	age	71
Vehicle I.D. # License #						ct Owned		District Own	ied
6250 289						act - if so, r acted rate p	Name of Owner per mile		
Reimbursement Distribution- Enter the legal entity nur							oursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity	1	atch budg Legal			Legal Entit	ty
0811 0812				312					
% 50.00		%	50.0	00	%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergarten pupils (Grades Friding this route					ERS	F	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER			c a+b
Regular (include eligib	ole Preschool/Kin	idergarten		NOMBLIX			NOMBLIX		a i b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchair	rs (WC)								
Non-WC IEP Lists Tra	ans as Related Se	ervice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schoomiles OR nonresident									
agreement) (Include ineligible Pre	school/Kindergar	ten riders)							
Nonpublic School Rid	ers (ineligible)	•							
TOTAL RIDERS									
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				mmittee Approval as					
This Application for area assigned to it					has been	reviewed ar	nd I certify that this	s bus operates	within the transportation
Signature - Chair, Cou	unty Transportation	on Committe	e					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
		gii tialispo	· ·	, ,				Rate Per Mile
Due Date All Routes			To Co Octol	ounty Supt per 1	i	To OPI October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Sanders			45	Noxor	Noxon Public Schools			0811 0812
Route #	Length	of Route	(miles per day)		Type of Service ☐ Bus Route Mile			Rated Capacity
7	92.2			Bus R	oute Mile	□ Non Bus Milea eage	age	72
Vehicle I.D. #	Lic	cense #		□ District	Owned		District Owr	ned
2757	22	26			ct - If so, N cted rate p	lame of Owner er mile		
Reimbursement Distribution- Er	nter the le	gal entity				ursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity	Le	egal Entity		tch budget Legal E			Legal Enti	ty
0811		30	312					
% 50.00		% 50.	00	%			%	
PASSENGER INFORMATION		70 00.		70			70	
Number of Preschool/Kindergar	ten pupils	S	ELEMENTARY RIDE (Grades PK-8)	RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kindergarte	en	NOMBLIX			NONDLIX		a i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg		rs)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lic. We also agree to refrain from sole we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts so we understand route changes of accordance with 20-10-132, MCA.	We further bus and bus meets the lensed, qualiciting or cathe laws, rues district lire hall be attactions.	certify that s route by the minimum salified and a ausing other ules or regulates nes and tra- ched to the	this bus transports pupils e he State Superintendent; to standards as established by approved driver to operate si ers to solicit students from of ulations governing school tra- unsports students from outsic e county superintendent's co	ligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric py of this do	nool transpore ports to the Public Educe serequired be tation areas. will be sufficet, a copy of tournent.	tation as defined by State Superintende action, the Montana I y 20-10-103, MCA. ient cause for withhous the agreement between	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap	•					•	•	•
Signature - Chair, Board of Trustees		,		22 3.00			Date	
			ommittee Approval as r					
This Application for Registration area assigned to it by the Coun	ty Transpo	ortation C		nas been re	eviewed an	d I certify that this	bus operates	s within the transportation
Signature - Chair, County Transport	ation Comr	mittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								
Due Dates: All Routes				ounty Sober 1	Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	Dis	strict Name			Legal Entity Number
Sanders			45		oxon Public S			0811 0812
Route #	Length o	of Route (miles per day)	Тур		□ Bus Route Mile□ Non Bus Miles	•	Rated Capacity
5	95.8	#		1	us Route Mile	eage		71
Vehicle I.D. # 9372	97	ense#		□ Co	strict Owned ontract - If so, N	ame of Owner	istrict Own	ed
Reimbursement Distribution- En			number and percentage		ontracted rate peter te/county reimbe		aid to each dis	trict. Note: Percentages
Legal Entity	_	gal Entity	must m	atch bu		·	Legal Entit	
0811			312	9	, - ,		9	,
% 50.00		% 50.	00	(%		%	
PASSENGER INFORMATION	-	70 00.					**	
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	H	IGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	(indergarten	n	NOMBER			TTOMBER		u i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance	.,						
Nonpublic School Riders (ineligible)	arten nuers	>)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees	<u></u>	J. 1 1111	are acceptation of		. I I doc.g. loa by	and dealing fruit	Date	
			mmittee Approval as					
This Application for Registration area assigned to it by the Count	y Transpo	rtation C		iias Dee	en reviewed and	a reering that this		within the transportation
Signature - Chair, County Transporta	ation Comm	nittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								one form for e	ach bus route that
		ough tre	insportees of and	Ü	, ,				Rate Per Mile
Due Dates: All Routes				Octobe	unty Supt er 1	:	To OPI October 15		\$1.57
County Name			County Nu	mber	District	Name			Legal Entity Number
Sanders			45		Noxor	n Public	Schools		0811 0812
Route #	Leng	gth of Ro	oute (miles per da	ay)	Type of	Service	☐ Bus Route Mi		Rated Capacity
4	95.2	2			Bus R	oute Mil	□ Non Bus Mileaeage	age	72
Vehicle I.D. #		License	e #		District	Owned		District Owr	ied
0897		251				ct - If so, N cted rate p	Name of Owner per mile		
Reimbursement Distribution- Er	nter the	e legal e	entity number and	percentage of must mate			oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal I		must mate	Legal E			Legal Enti	ty
0811			0812						
% 50.00		%	50.00		%			%	
PASSENGER INFORMATION			EL EMENI	TADY DIDED	0		IIOU AOUAGE DI	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ıpils		TARY RIDER des PK-8)	5	H	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		_	NI	a UMBER			b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kinderg	garten		-					
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Servic	e							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)		3							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten r	riders)							
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We furtus and meets the ensed, iciting of the law es districtionall be accurring	ther certif bus route the minin qualified or causing s, rules o ct lines a attached g during th	y that this bus trans e by the State Supenum standards as e- and approved drive g others to solicit stor regulations govern and transports studer to the county superine school year requ	ports pupils elig printendent; to m stablished by th r to operate suc udents from othening school tran ants from outside intendent's copy ire the filing of a	pible for sch lake such re e Board of th vehicle a er transport sportation the district y of this door an amended	eports to the Public Educe s required be tation areas will be suffice, a copy of the tation areas the tation areas and the tation areas are the tation areas are the tation areas are the tation are the	rtation as defined by a State Superintende cation, the Montana by 20-10-103, MCA. cient cause for withhouse the agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in
I certify that this application for rous operates on the route as ap									
Signature - Chair, Board of Trustees	_		<u> </u>					Date	
This Application for Registration	of Sc	hool Bu	s and State Reim				ce with Section 2 ad I certify that this		
area assigned to it by the Count Signature - Chair, County Transport								Date	



Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Noxon Public Schools 0811 0812 Sanders Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 6 120 46 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 8788 297 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0812 0811 % % % 50.00 % 50.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even			, ,		•		
Due Dates: All Routes	:			ounty Sup bber 1	To OPI October 15		Rate Per Mile \$0.95
County Name		County	Number	District	Name		Legal Entity Number
Sanders		45			s Prairie Elementary		0813
Route #	Length of R	oute (miles pe	r day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity
	78				oute Mileage	-	22
Vehicle I.D. # 3890	E351				Owned (ct - If so, Name of Owner of cted rate per mile	Contractor C Jack Marrina	
Reimbursement Distribution- Ente	er the legal	entity number		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0813	Legal	Entity	must m	atch budget Legal E		Legal Entity	У
% 100.00	%			%		%	
PASSENGER INFORMATION	_	5 , 5 , 6					
Number of Preschool/Kindergarte riding this route	en pupils		ENTARY RIDE Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kir riders)	ndergarten		HOMBER		NOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kinderga	nce						
Nonpublic School Riders (ineligible)	·						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as app						sportation Con	
Signature - Chair, Board of Trustees						Date	
This Application for Registration of area assigned to it by the County	of School Bu Transporta	is and State R tion Committee	eimbursement		accordance with Section eviewed and I certify that this		
Signature - Chair, County Transportati	tion Committe	e				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20,	Chapter 10, Part 1, MCA	A. School dis	strict official must o	complete one form for	or each bus route that
receives state reimbursement e	ven though transp	ortees of another legal e	entity may ut	ilize the services.		Rate Per Mile
Due Dates All Routes			county Supt		PI ber 15	\$0.95
County Name		County Number	District	Name		Legal Entity Number
Sanders Route #	Length of Route	(miles per day)		s Prairie Eleme Service Bus	•	0813 Rated Capacity
		(Illies per day)		□ Non	Bus Mileage	
1 b Vehicle I.D. #	78 License #		1	oute Mileage	Contracto	22
			□ District □ Contra		Contracto Owner Jack Mar	
3890	E351			cted rate per mile		
Reimbursement Distribution- Er	nter the legal entity		e of state/co atch budget		nt to be paid to each	district. Note: Percentages
Legal Entity	Legal Entit		Legal E		Legal E	Entity
0813						
% 100.00	%		%		%	
PASSENGER INFORMATION	/0		70		76	
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS		HOOL RIDERS ades 9-12)	TOTAL ELIGIBLE RIDERS
riding this route		(Grados i it s)		(3.0	2000 0 12)	
		а			b	С
Regular (include eligible Preschool/h	l Kindergarten	NUMBER		N	UMBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kindero						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi	ill onerate entirely on	the route established by the	e Board of Tri	stees and within the	transportation area ass	signed and approved by the
County Transportation Committee. We agree to supervision of this b	We further certify tha	t this bus transports pupils	eligible for sch	ool transportation as	defined by 20-10-101,	MCA.
required; to provide a vehicle which	meets the minimum :	standards as established by	the Board of	Public Education, the	Montana Highway Pat	
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or causing oth	ers to solicit students from o	other transport	ation areas.		to and county rejects as a first
We understand that violations of this bus route.	,	, ,	•		· ·	•
We agree that if this route crosse the school boards of both districts sh	nall be attached to the	e county superintendent's c	opy of this do	cument.	,	() , 5
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the so	chool year require the filing o	ot an amende	IR-1 form and app	oval of the County Trai	nsportation Committee in
I certify that this application for it bus operates on the route as ap						
Signature - Chair, Board of Trustees		are acroportation of		g	Date	
This Application for Registration area assigned to it by the Count	of School Bus an					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					one form for e	ach bus route that	
	-	,				Rate Per Mile	
Due Date All Routes	To Co Octol	ounty Supt per 1	t To OPI October 15		\$0.95		
County Name		County Number	District	Name		Legal Entity Number	
Sanders		45	Cama	s Prairie Elementary		0813	
Route #	Length of Rou	ute (miles per day)		Service Bus Route M		Rated Capacity	
1B	78		Bus R	□ Non Bus Mile Soute Mileage	eage	22	
Vehicle I.D. #	License	#	□ District	Ţ	Contractor (Owned	
3890	E351		 □ Contract - If so, Name of Owner Jack Mar □ Contracted rate per mile 				
Reimbursement Distribution- Er	nter the legal en				oaid to each di	strict. Note: Percentages	
Legal Entity 0813	Legal Er		Legal E		Legal Enti	ty	
% 100.00	%		%		%		
PASSENGER INFORMATION	,,						
Number of Preschool/Kindergal	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten	NOMBLE		NOWBER		аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)						-	
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
, ,							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		•		,	Date		
County This Application for Registration area assigned to it by the Coun	of School Bus						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement e							one form for e	ach bus route that
Due Date			•	ounty Sup		To OPI		Rate Per Mile
All Routes			Octo			October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Sanders			45	5 Camas Pra		Prairie Elementary		0813
Route #	Length of	Route	(miles per day)	Type o		□ Bus Route Mil		Rated Capacity
1a	58			Bus F	oute Mile	□ Non Bus Milea eage	age	22
Vehicle I.D. #	Lice	nse#		□ Distric	Owned	C	Contractor	
3890	E35	51			ct - If so, Na cted rate pe	ame of Owner Jer mile	lack Marrir	an
Reimbursement Distribution- E	nter the lega	l entity		of state/co		ursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity 0813	Lega	al Entity		Legal E			Legal Enti	ty
0013								
% 100.00	9	6		%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	DC	111	GH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kindergariding this route	rten pupils		(Grades PK-8)	KS		(Grades 9-12		ELIGIBLE RIDERS
			a			b		С
Regular (include eligible Preschool/ riders)	Kindergarten		NUMBER			NUMBER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as a	oproved by a						sportation Co	
Signature - Chair, Board of Trustees	S						Date	
County This Application for Registration area assigned to it by the Coun	n of School I	Bus and						
Signature - Chair, County Transport	<u> </u>						Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					e one form for e	ach bus route that
						Rate Per Mile
Due Date All Routes			county Supt ober 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Sanders		45	Hot S	prings Public Schls		0814 0815
Route #	Length of Ro	ute (miles per day)		f Service Bus Route		Rated Capacity
3	47.2		Bus R	□ Non Bus Mil Route Mileage	leage	35
Vehicle I.D. #	License	#	□ District		Contractor (Owned
3738	160G			act - If so, Name of Owner acted rate per mile	Manford Te	mpero —
Reimbursement Distribution- Er	nter the legal er		e of state/co atch budget		paid to each dis	strict. Note: Percentages
Legal Entity	Legal E	ntity	Legal E		Legal Entit	ty
0814		0815				
% 60.00	%	40.00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kinderga	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER	<u> </u>	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lic	We further certify ous and bus route meets the minimu	that this bus transports pupils of by the State Superintendent; to um standards as established by	eligible for schomake such root the Board of	nool transportation as defined reports to the State Superinten Public Education, the Montan	by 20-10-101, MC dent and County of a Highway Patrol	A. Superintendent as are
We also agree to refrain from sol We understand that violations of	iciting or causing	others to solicit students from o	other transpor	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse					ween Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.					ne County Transpo	ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees					Date	
					20 12 15	
This Application for Registration area assigned to it by the Coun	n of School Bus					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Hot Springs Public Schls 0814 0815 Sanders Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 48 74 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 7082 5341 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0814 0815 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								one form for e	
Due Dates All Routes				Cour tober	nty Supt	t	To OPI October 15		Rate Per Mile \$0.95
County Name			County Number		District	Name			Legal Entity Number
Sanders	Sanders 45					prings Pub			0814 0815
Route #	Length of	Route	(miles per day)		Type of		Bus Route Mil Non Bus Mile		Rated Capacity
4	126.2	.,				oute Milea		47	
Vehicle I.D. # 2598	732	nse#		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 					
Reimbursement Distribution- En	iter the lega	l entity		ge of		unty reimbur		aid to each dis	strict. Note: Percentages
Legal Entity 0814	Lega	al Entit		natci	Legal E			Legal Enti	ty
% 60.00	9,	6 40	.00		%			%	
PASSENGER INFORMATION	_					1			
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)		i	HIG	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а				р		C
Regular (include eligible Preschool/Kindergarten			NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)								
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees								Date	
County 1 This Application for Registration area assigned to it by the Count	of School I	Bus an							
Signature - Chair, County Transporta								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates: All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Sanders			45		prings Public Schls		0814 0815
Route #	Length	h of Route	(miles per day)	Type of	f Service Bus Route Mi Non Bus Mile		Rated Capacity
1	111			Bus F	Route Mileage	ŭ	72
Vehicle I.D. #		icense #			ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- En			number and percentage		cted rate per mile	aid to each dis	trict. Note: Percentages
Legal Entity		Legal Entity	must m	atch budge	!!	Legal Entit	
0814			y 815	Legal L	nuty	Legal Lillil	y
% 60.00		% 40.	.00	%		%	
PASSENGER INFORMATION							_
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	Kindergar	rten	NOMBER		NOMBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ride	ers)					
TOTAL RIDERS							
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Signature - Chair, Board of Trustees			·		·	Date	
County 1 This Application for Registration area assigned to it by the Count	of Scho	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	•		on militage.			Date	